



575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

[www.pacelabs.com](http://www.pacelabs.com)

## Laboratory Results

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

### Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:00 AM Point S-50970

Received : 09/28/2019 10:52 AM Location Well #2-1

Collected By CLIENT

Lab No. : 70106598001

Client Sample ID.: S-50970

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      |       | Prep Date: 09/28/2019 11:15 |                  |             |
|--|---------|----------------------------------|------|-------|-----------------------------|------------------|-------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units | Limit                       | Analyzed:        | Container:  |
| E.coli                                 | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 001 SP5T1/1 |
| Total Coliforms                        | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 001 SP5T1/1 |

### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 09/30/2019

Stu Murrell

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Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:05 AM Point S-74071

Received : 09/28/2019 10:52 AM Location Well #2-2

Collected By CLIENT

Lab No. : 70106598002

Client Sample ID.: S-74071

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      |       | Prep Date: 09/28/2019 11:15 |                  |             |
|--|---------|----------------------------------|------|-------|-----------------------------|------------------|-------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units | Limit                       | Analyzed:        | Container:  |
| E.coli                                 | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 002 SP5T1/1 |
| Total Coliforms                        | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 002 SP5T1/1 |

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Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:35 AM Point S-58350

Received : 09/28/2019 10:52 AM Location Well #3-1

Collected By CLIENT

Lab No. : 70106598003

Client Sample ID.: S-58350

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      | Prep Date: 09/28/2019 11:15 |        |                  |
|--|---------|----------------------------------|------|-----------------------------|--------|------------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units                       | Limit  | Analyzed:        |
| E.coli                                 | Absent  |                                  | 1    |                             | Absent | 09/29/2019 11:15 |
| Total Coliforms                        | Absent  |                                  | 1    |                             | Absent | 09/29/2019 11:15 |
|  |         |                                  |      |                             |        | 003 SP5T1/1      |

### Qualifiers:

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Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:30 AM Point S-58351

Received : 09/28/2019 10:52 AM Location Well #3-2

Collected By CLIENT

Lab No. : 70106598004

Client Sample ID.: S-58351

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      |       | Prep Date: 09/28/2019 11:15 |                  |             |
|--|---------|----------------------------------|------|-------|-----------------------------|------------------|-------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units | Limit                       | Analyzed:        | Container:  |
| E.coli                                 | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 004 SP5T1/1 |
| Total Coliforms                        | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 004 SP5T1/1 |

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Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:40 AM Point S-58352

Received : 09/28/2019 10:52 AM Location Well #3-3

Collected By CLIENT

Lab No. : 70106598005

Client Sample ID.: S-58352

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      |       | Prep Date: 09/28/2019 11:15 |                  |             |
|--|---------|----------------------------------|------|-------|-----------------------------|------------------|-------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units | Limit                       | Analyzed:        | Container:  |
| E.coli                                 | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 005 SP5T1/1 |
| Total Coliforms                        | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 005 SP5T1/1 |

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Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:50 AM Point S-108065

Received : 09/28/2019 10:52 AM Location Well #4-1

Collected By CLIENT

Lab No. : 70106598006

Client Sample ID.: S-108065

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      |       | Prep Date: 09/28/2019 11:15 |                  |             |
|--|---------|----------------------------------|------|-------|-----------------------------|------------------|-------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units | Limit                       | Analyzed:        | Container:  |
| E.coli                                 | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 006 SP5T1/1 |
| Total Coliforms                        | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 006 SP5T1/1 |

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### Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:55 AM Point S-108066

Received : 09/28/2019 10:52 AM Location Well #4-2

Collected By CLIENT

Lab No. : 70106598007

Client Sample ID.: S-108066

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      |       | Prep Date: 09/28/2019 11:15 |                  |             |
|--|---------|----------------------------------|------|-------|-----------------------------|------------------|-------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units | Limit                       | Analyzed:        | Container:  |
| E.coli                                 | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 007 SP5T1/1 |
| Total Coliforms                        | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 007 SP5T1/1 |

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### Sample Information:

Type: Drinking Water  
Origin: Raw Well  
Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 09/28/2019 09:20 AM Point S-127163

Received : 09/28/2019 10:52 AM Location Well #5-1

Collected By CLIENT

Lab No. : 70106598008

Client Sample ID.: S-127163

| Analytical Method: SM22 9223B Colilert |         | Prep Method: SM22 9223B Colilert |      |       | Prep Date: 09/28/2019 11:15 |                  |             |
|--|---------|----------------------------------|------|-------|-----------------------------|------------------|-------------|
| Parameter(s)                           | Results | Qualifier                        | D.F. | Units | Limit                       | Analyzed:        | Container:  |
| E.coli                                 | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 008 SP5T1/1 |
| Total Coliforms                        | Absent  |                                  | 1    |       | Absent                      | 09/29/2019 11:15 | 008 SP5T1/1 |

### Qualifiers:

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**WorkOrder :**

70106598

## Laboratory Certifications

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**Long Island Certification IDs**

575 Broad Hollow Rd, Melville, NY 11747  
New York Certification #: 10478 Primary Accrediting Body  
New Jersey Certification #: NY158  
Pennsylvania Certification #: 68-00350  
Connecticut Certification #: PH-0435  
Maryland Certification #: 208  
Rhode Island Certification #: LAO00340  
Massachusetts Certification #: M-NY026  
New Hampshire Certification #: 2987

WO#: 70106598



70106598

# Sample Request Form PUBLIC WATER SUPPLIER

☐ WELL OFF LINE

Date: 9-28-19

Collected By: W Booth

9/28 10:52 AM

Accepted By: W Booth

Cooler Temp: 15.3 °C Packed on ice

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

## Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: \_\_\_\_\_

Attn: \_\_\_\_\_

Proj. # or (Name): \_\_\_\_\_

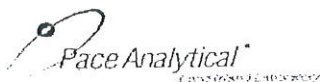
Bill To: \_\_\_\_\_

Copies To: \_\_\_\_\_

## Sample Info:

| Date/Time Collected:                   | Sample Type | Location | Origin | Treatment Type | Purpose | Field Readings<br>Cl <sub>2</sub> pH/Temp | Analysis | Lab No. |
|--|-------------|----------|--------|----------------|---------|---|----------|---------|
| 9:00<br>9-28-19                        | GW          | WELL 2-1 | RW     | -              | RO      |   | BACT     | 001     |
| 9:05<br>9-28-19                        | GW          | WELL 2-2 | RW     | -              | RO      |   | BACT     | 002     |
| 9:15<br>9-28-19                        | GW          | WELL 3-1 | RW     | -              | RO      |   | BACT     | 003     |
| 9:30<br>9-28-19                        | GW          | WELL 3-2 | RW     | -              | RO      |   | BACT     | 004     |
| 9:40<br>9-28-19                        | GW          | WELL 3-3 | RW     | -              | RO      |   | BACT     | 005     |
| 9:50<br>9-28-19                        | GW          | WELL 4-1 | RW     | -              | RO      |   | BACT     | 006     |
| 9:55<br>9-28-19                        | GW          | WELL 4-2 | RW     | -              | RO      |   | BACT     | 007     |
| 9:20<br>9-28-19                        | GW          | WELL 5-1 | RW     | -              | RO      |   | BACT     | 008     |
|  |             |          |        |                |         |   |          |         |
|  |             |          |        |                |         |   |          |         |
|  |             |          |        |                |         |   |          |         |
| Remarks: <u>Call me - 631-745-0602</u> |             |          |        |                |         |   |          |         |





# Sample Condition Upon Receipt

Client Name:

HBW

WO#: 70106598

PM: SWM Due Date: 10/28/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.2

Cooler Temperature (°C): 15.1

Cooler Temperature Corrected (°C): 15.3

Temperature Blank Present: ☐ Yes ☒ No

Type of Ice: Wet Blue None

☐ Samples on ice, cooling process has begun

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: 5/19/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

|   |   |   | COMMENTS:  |
|---|---|---|--|
| Chain of Custody Present:   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 1.   |
| Chain of Custody Filled Out:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 2.   |
| Chain of Custody Relinquished:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 3.   |
| Sampler Name & Signature on COC:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A            | 4.   |
| Samples Arrived within Hold Time:   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 5.   |
| Short Hold Time Analysis (<72hr):   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 6.   |
| Rush Turn Around Time Requested:  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No                              | 7.   |
| Sufficient Volume: (Triple volume provided for MS/MSD)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 8.   |
| Correct Containers Used:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 9.   |
| -Pace Containers Used:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   |  |
| Containers Intact:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 10.  |
| Filtered volume received for Dissolved tests  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 11. Note if sediment is visible in the dissolved container.  |
| Sample Labels match COC:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   | 12.  |
| -Includes date/time/ID/Analysis Matrix SL WT OIL  |   |   |  |
| All containers needing preservation have been checked   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A            | 13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl |
| pH paper Lot #  |   |   | Sample #   |
| All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide) | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |
| Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis  |   |   | Initial when completed: Lot # of added preservative: Date/Time preservative added  |
| Samples checked for dechlorination:   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 14.  |
| KI starch test strips Lot #   |   |   |  |
| Residual Chlorine strips Lot #  |   |   | Positive for Res. Chlorine? Y N  |
| Headspace in VOA Vials (>6mm):  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 15.  |
| Trip Blank Present:   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 16.  |
| Trip Blank Custody Seals Present  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |
| Pace Trip Blank Lot # (if applicable):  |   |   |  |

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: